

SWIFT TRANSPORTATION BENEFITS DIRECT BILL POLICY
Effective September 15, 2011

All employees that participate in company sponsored benefit plans are required to make timely premium payments to retain eligibility and coverage. The Company will withhold premiums from your paycheck to the extent possible. This policy describes how premiums will be invoiced (i.e., billed) if the Company is unable to withhold from your paycheck premiums for one or more of the company sponsored benefit plans you elected. As described below, invoiced premiums must be received and processed by the Company within 30 days of the invoice date to maintain coverage. Any unpaid/underpaid invoices will result in a **retroactive** cancellation of benefits back to the invoice date.

When Will I Get An Invoice?

You'll get an invoice if your pay is not sufficient for the Company to deduct your premium from your payroll check.

The invoice will list each type of coverage for which you owe premiums. However, **you will not get an invoice for premiums for supplemental coverage you elect (such as group accident, hospital indemnity, and critical illness)**. Please note that the insurance carrier may request you to pay missed premiums directly to them in the event you file a claim.

How Much Will I Owe?

You will owe the amount shown on the invoice which will equal the amount of premium that was unable to be withheld from your payroll check.

What Are Acceptable Methods of Payment?

Online payments via credit card or PayPal, cashier's check and money orders are acceptable forms of payment. The invoice will provide complete details and instruction.

When Will Payment Be Due?

Payment will be due on the date of the invoice, but you will be treated as having made a timely payment if payment is received and processed within 30 days after the date of the invoice. Allow 5-7 days for processing time.

Are Partial Payments of an Amount Invoiced for a Benefit Allowed?

No. Any partial payment of an amount invoiced for a benefit will be returned to you and that coverage will be cancelled as described below. Please note that an invoice may include amounts owed for more than one benefit (such as medical and dental). In that case, you can choose to pay the invoiced amount for one benefit (e.g., medical) and not pay the invoiced amount for the other benefit (e.g., dental), in which case only coverage for the benefit for which you did not pay the full invoiced amount (e.g., dental) will be cancelled. It is your responsibility to indicate on the invoice the benefit(s) to which your payment should be applied. If you fail to do so, your payment will be applied as determined by the Company in its discretion.

Will Coverage Be Cancelled If Payment Is Not Timely Made?

Yes. If you do not pay the entire amount due for a benefit within 30 days of the date of the invoice (or if your payment does not clear or is otherwise not honored by our bank), that coverage will be cancelled **retroactively** as of the date of the invoice. This means that you (and, if applicable, your dependents) will not have coverage on or after the date of the invoice. If your (or your and your dependents') coverage is retroactively cancelled as described above, any premiums that you paid for that coverage **after** the effective date of cancellation will be refunded to you. Remember, if you want to avoid cancellation of your (or your and your dependents') coverage, it is your responsibility to make sure that payment is both timely made and actually received. Allow 5-7 days for processing time.

Can I Use A Premium Refund To Reduce The Amount Owed?

No. A premium refund through payroll cannot be used to reduce the amount owed on an invoice. Rather, you must separately pay the invoiced amount.

If A Qualified Medical Child Support Order Requires Dependent Coverage, Will Coverage Still Be Cancelled Due To Nonpayment?

Yes. You are responsible for paying the cost of your dependent's coverage, even if that coverage is required by a qualified medical child support order. This means that, if you receive an invoice and you do not pay the entire amount due within 30 days of the invoice, your dependent's coverage will be cancelled, even if that coverage is required by a qualified medical child support order.

How Will A Cancellation of Coverage Affect My Flexible Spending Accounts?

If your health care and/or dependent care spending account coverage is cancelled because you do not timely pay an invoice for that coverage, any expenses you incur on or after the effective date of cancellation cannot be reimbursed from your account(s).

Will I Be Eligible for COBRA Coverage if My Coverage Is Cancelled?

A cancellation of coverage due to a failure to pay premiums may be a COBRA qualifying event. If you are unable to, or able to but fail to, enroll in COBRA coverage you will not be able to re-enroll until the next open enrollment period occurs for the coverage that was cancelled (unless reinstatement of coverage occurs pursuant to the Company's rehire policy or as required by law).

Can I Re-Enroll in Regular (i.e., non-COBRA) Coverage If My Coverage Is Cancelled?

If you are unable to, or able to but fail to, enroll in COBRA coverage you will not be able to re-enroll until the next open enrollment period occurs for the coverage that was cancelled (unless reinstatement of coverage occurs pursuant to the Company's rehire policy or as required by law). The Company reserves the right to change its rehire policy at any time without prior notice. By law, if group health care coverage (for example, medical, dental, vision or health care spending account) is cancelled due to nonpayment of premiums during an approved FMLA or military leave of absence, the cancelled coverage will be reinstated when you return to work, but you still will not have coverage on or after the effective date of cancellation and prior to your return to work. If your participation in a benefit available under the Plan ends during a leave absence or furlough, you may be eligible to elect COBRA Continuation Coverage for that benefit if the benefit is a medical, dental, vision, employee assistance program (EAP), or other health benefit and that benefit's Plan Document provides you with the right to elect COBRA Continuation Coverage. If you are eligible for COBRA Continuation, you will receive an enrollment packet in the mail from our COBRA administrator. If you choose to enroll in COBRA, and you are eligible to enroll in health benefits during the upcoming annual enrollment, it is your responsibility to ensure your COBRA benefits end as of December 31st of the current year, prior to your new elections going in effect as a result of your affirmative elections during annual enrollment. If you elect COBRA as an active employee and your benefits are reinstated due to FMLA reinstatement as described above, it is your responsibility to cancel your COBRA benefits to avoid overpayment.